BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	. []	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 7 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Application for the control of the c			
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF	MARYLA	ND-	CERTI	FICATE	OF	DEATH	

1. PLACE OF DEATH	(108)
County Workley	Registration Dist. No. 35/
Village or Give Sindlettel ROUTE 1	No. St. Ward
7 14 (11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred yrs	ds. How long in U.S. if of foreign birth?
2. FULL NAME (Ulfloy) 2 grallen	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or hivorced (Arite the word)	1/Membel 5 193 P
5a. If merried, widowed, or divorced	(Month) (Day) (Yoar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
March 14 105A	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Childs had a severe cold
9. Industry or business in which	The weeks ago from their
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	no proportion of the overland
10. Date deceased last worked at this occupation (month and spent in this	Times of don't be wantalous
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	suddenly and died in a
(State or country)	few hours frain Eistory
13. NAME Glodge &. Brattery	he probably died from lobder
14. BIRTHPLACE (city or town)	Name of operation
(State of Edward)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Dete of injury, 19
State or equity) // (State or equity)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Suffres Swetter	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) SUDULUL THE TOULE T	
PIECE OF MUNICE COST Date W. 9 1936	Manner of injury
Jake Julie 194 194 194 194 194 194 194 194 194 194	Nature of injury
19. UNDERTAKER / fledme of formers	24. Was disease or injury in any way related to occupation of deceased?
(Address) Snow Wife mg	If so, specify
20. FILED 1/169, 1936 LECoy Swith,	(Signed) The Secretary of the D.
Registrar.	(Address) Deliber Alle Mac,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

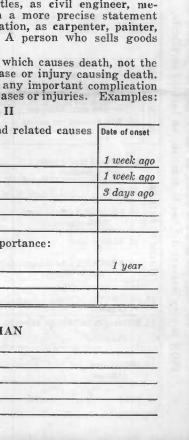
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 1935	July 5, 1927	Peritonitis	3 days ago
	BING V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				7 17 17 17

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------



certificate.

jo

See instructions on back

19. UNDERTAKER

(Address)

STATE OF MARYLAND	CERTIFICATE OF DEATH 11854
1. PLACE OF DEATH	GENTLE OF DEATH 11 000
county Marcestery	Registration Dist. No. 3 50
Villagesor City to concolse lety	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
~ hull-the hilling 1/2 -	
2. FULL NAME ATTENDED E	Lever At Word Ward Ward Ward Ward Ward Ward Ward Wa
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH Nov 7, 193 (Month) (Day) (Year)
Sa. If married, widowed or divorced HUSBAND of (or) WIFE of Charge, Britishing	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Not burn	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steted above, e.5.500. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Carcinomo frettinos 12/21/25
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Intertace
10. Date deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Mesteres (State or country) Meargland	Other Contributory Causes of Importance:
13. NAME Jessies Heckey	
(State or country)	Nama of operation Data of Was there an autopsy?
15. MAIDEN NAME LONT THOU	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Steta or country)	Accident, suicide, or homicide?
17. INFORMANT MAS Other Felshard	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION, OR REMOVAL M. Flato J	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

24. Wes disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Annual and		of importance were as follows.	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage July 1987	uly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	1ay 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANCE OF	FIRST NAME	AND MIDDINE	THITTAL	OF DECEASED	AUTHORITZED 2/23/37	bse
	filed unde					

2

D. Every item of infor-N. S. No. 1 N. B.—WRITE PLAIMY, WITH UNFADING INK—THIS IS A PERMANENT RECO

1. PLACE O	PEATH	1			(131)		-	
County	Monce	sur	40			Registration	Dist. No. 353	
Village or	City /Sushi	officered Code					E instead of street and	
2. FULL NA	ME ann	11/1/	7 French	Lina	f U. S. Veteran	enecify WAP		
(a) Reside		1	4	St. V	Ward.	, specify WAN	-	
(a) Reside	ice. No.	(Usual place	of abode)		. waru.	If nooresiden	give city or town and	State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	1 1 1 1 1	MEDICAL C	ERTIFICATE	OF DEATH	
Emale	4. COLOR OF RACE		RIED, WIDOWED, D (white the word)	21. DATE	OF DEATH	Month)	23 (Dey)	, 193 4 (Yeer)
e. If married, wido HUSBAND of	wed, or divorced	1, 4		22.	HEDED.	VCERTIE	Y. Thet I attended	danaged from
(or) WIFE of	Wid	med d	ery Buting	an	9	1936 to	nov es	19 8 6
DATE OF BIRTH	(month, day, end yeer)	Mar 7	1855	I lest saw h	A elive on	non 2	19.5	death Is sei
	ers Months	Deys	If LESS than	to heve occurr	ed on the dete stat	ted ebove, et f.	A.m.	
9	310	16	1 dey,hrs		AL CAUSE OF DEA	TH and releted caus		1
8. Trede, profession of SAWYER	ession, or perticular work done, es SPINNER, R, BOOKKEEPER, etc.	Hunse	mile	Cl	voic (Valulas	Frank deni	Date of onsel
work w	business in which es done, as SILK MILL, LL, BANK, etc	Vouses	vork					-
10. Date decee this occ year)	sed last worked at upetion (month end 193	2 spe	ime (years) nt In this upation					
2. BIRTHPLACE (c)		mul	and.	Other Contrib	over Causes of int	rouset	that repsh	13/193
13. NAME	John 1/0	1 of home	nd					
14. BIRTHPLAC	E (city or town)	nant	and.	Neme of opera	rtion	none	Date of	sutoney? 94
15. MAIDEN N	AME Malli	1 Ste	Plan	***************************************			ill In elso the followin	
	E (city or town)	narye	afrel.	Accident, suic		************	Date of injury	•
7. INFORMANT (Address)	molin	13hin	Transport			(Specify city or	r town, county and Sta DME, or In PUBLIC PL	ite) .ACE,
18. BURIAL, CREMA	Shoperally	mole m	ov 26, 1934	Menner of inju				
19. UNDERTAKER (Address)	m Parky	Wats	was Dis			way related to occup	petion of deceesed?	no
20. FILED 11 65	1936 Ja	men of	Ryan	(Signed).	C. a.	Hollas	0	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

X O	F. F. PHYSICIANS should state Exact statement of OCCUPA-
V. S. No. 1 MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAVSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
>	Z

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11856
1. PLACE OF DEATH	95-2
County It overster	Registration Dist. No. VV
Village or City Ocan City Mid	No. St., Ward
1/	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Elinabeth Colog	Gr.
(a) Residence: No. Ray stra Art.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced Strateming.	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Dand Cloah	22. I HEREBY CERTIFY, Thet I attended decesed from 19.34. 10. Nur. 14. 1934.
20 x fr 1	liast saw h.C. alive on My 13 , 1976; death is said
6. DATE OF BIRTH (month, day, and year) Not / Trush	to have occurred on the date stated above, at 9.00 P.m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows: Oute of onest Dut 21
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	75
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and yoar) coccupation.	
your) Ve / -	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Verture (State or country)	
I 13. NAME Ofelons Campbell	Dane .
13. NAME Of the To amptell 14. BIRTHPLACE (city or town) (State or country) (Relayand	Name of operation
The state of the s	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Many Campbell 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (ViOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Orace of County)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT A A A A A A A A A A A A A A A A A A	Specify whether injury occurred in thousand, in nome, of incostic reace,
18. BURIAL, CREMATION, OR REMOVAL Place 1) and Muss Curffey One 11/17 , 1936	Manner of injury
19. UNDERTAKER Jelin It Bushage	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 11/16, 1936 I -S-Myllingve/	(Signed) a a Holland M. D (Address) Vacilin med
If were blanks are realed address Seate Parisher	N Charles Street Beltimore Parastra 91 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUNKAL V. S.	July 5, 1927	Peritonitis	3 days ago
	S and the second			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	AGE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	-CERTII	FICATE	OF	DEAT	H
---------------------------------------	-------	----	-------	------	---------	--------	----	------	---

1	- 5	(pos	
1	1	0	5	d

1. PLACE OF DEATH	P78
County Worcester	Registration Dist. No. 35/
Village or City Snow Will	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town whera death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Sessie Wall	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH Overwhell 6 193 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Edward hale	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and year) 11- 5 1902	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
34 9 1 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER.	Q 1
SAWYER, BOOKKEEPER, etc. Juneury	fue phat wound in
No of the profession of particular that the profession of the prof	chest Durb
SAW MILL, BANK, etc.	
- Ino coodpanon (month graph)	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	
13. NAME Milliam Ve. Turnell	
13. NAME Mallians Co. Turnell 14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State or country) / Wyland	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the foligwing
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of couplry)	Where did injury occur? 4 has 4 home (Specify city or town, county and State)
17. INFORMANT Sollien August	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury Lucy Alast wound in
Pla Quero en Com' Date 101 10 103/	Nature of injury Chest.
Measure Alle 10	24. Was disaase or injery in any way related to occupation of deceased? WO
19. UNDERTAKER ACTION AND LOSS (Address)	If so, specify
mon free my	(Signed) A A A M.D.
20. FILEO 1/7 , 19 05 the Cory Scheel Registrar.	(Address) Dun Hill M. J.
n / Kegistrar.	" primarios)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis		1915	Attack of epilepsy	1 week ago
		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1/50 / 1/50	July 5,1927	Peritonitis	3 days ago
	NURSE V. A			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SH	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

9. Industry or business in which

10. Dato decaased last worked at

12. BIRTHPLACE (city or town) ... (State or country)

> 14. BIRTHPLACE (city or town) (Stata or country)

> 16. BIRTHPLACE (city or town) (State or country)

FATHER

17. INFORMANT

(Addrass) 18. BURIAL, CREMATION.

work was done, as SILK MILL

13. NAME Woodrow Dryden

Salisbury

15. MAIDEN NAME Beatrice Lambertson

Woodrow Dryden

Maryland

Maryland

SAW MILL, BANK, atc

this occupation (month and

11. Total tima (yaars)

spant in this

occupation.

	l in a hospital or instit How long in U.S. if				d number)
St.,	Ward.		•	e cily or town a	
	MEDICAL C				
M DATE		PERTIFIC	AIEC	PEAIN	
ZI. DAII	E OF DEATH	Nov.	24,	1936.	, 193 (Year)
I last saw h	11/24/36 im aliva on urrad on tha date sta	19 11/	0 1 24/3 7.45	1/24/36 6 , ₁₉	d deceased from , 19 ; death is said
The PRINC	IPAL CAUSE OF DEA	ATH and relate	ed causes o	f Importance	1
10011					Date of onset
Lob	ar Pneum	onia			
Dibas Canto	ributory Causes of imp				
Dillet Conti	indutory Causes of fill	portance.			
	eration				
What test co	onfirmad diagnosis?			Was thera a	n autopsy?
23. If daath v	was dua to external ca	ouses (VIDL E	NCE) fill in	also the follow	ing:
Accident, su	iicida, or homicide?		Date	of injury	, 19
Where did i	njury occur?				
Specify whe	ther injury occurred	In INDUSTRY	in HDME	or in PUBLIC	tate) PLACE.
Mannar of i	njury				
Nature of In	njury				
24. Was disas	ase or injury in any	way related to	occupatio	n of daceased?_	
If so, speci		/		<i>c</i>	
(Signad		Wa			
	(Address) POCO	moke	City	, Md.	

Registration Dist No.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

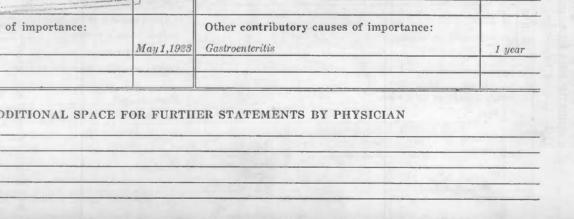
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PAU V. 3.				
	- lad			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UNDITIONAR	OI MUL	LOIL	T. OTCTITITION	DIVITINITINI	10 1	TILLBIOIMA



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ĺ.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial upphritis 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
WARAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH County Wercestu	Registration Dist. No. 35/
Village or City Vir allie	NoSt., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME I Lauces Cewell	If U.S. Veteran specify WAR
(a) Residence: No. Girdletre, ned.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Quigle	22 I HEREBY CERTIFY, That I ettended deceased for
1 Jane 20	1936, 10 Nov 4, 193
6. DATE OF BIRTH (month, day, and year) July 8 193 6	I last saw here alive on New 4 , 198 ; death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mera as follows: Or DEATH and felated causes of importance
8. Trade, profession, or particular	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Justro pulpretes by od
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ileo Culitis
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
Girdletrio	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Wildon Owill	
7 1 1	
14. BIRTHPLACE (city or town) . The delice (State or country)) md	Name of operation Date of
15. MAIDEN NAME LAST'S CAPLUER	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Turdules (State or county) Med;	Accident, suicide, or homicide?
Let to all in	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Y GU Caller (Address) Just alites. Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ M
Place coolskrup Date hor 8 19d	Manner of Injury
A h	Nature or injury
19. UNDERTAKER TO UN JOCKSON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Grafilie. N.d.	If so, specify
20. FILED 11/7, 1936 LEROY Swell	(Signed)
/ Registrar.	(Address) Dasro Fell - 457

-WRITE PLA

m.

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. IS A PERMANENT

FOR BINDING

MARGIN RESERVED UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DEC 7 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1925

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. N. B.—WRITE PLA

FOR BINDING

MARGIN RESERVED

STATE OF MARTLAND	CERTIFICATE OF DEATH 11001
1. PLACE OF DEATH	
County Worsesles	Registration Dist. No. 35/
Village or City William Will Md	No. Martin St., Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos.	ds. How long In U. S. if of foraign birth?yrsmosds.
2. FULL NAME Stillyon Harmy	If U. S. Veteran, specify WAR
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Temate locored surge	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended decaasad from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) Nov. 2 1936	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 _ P_1 _m,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raletad ceuses of Importance
2 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this count in	Sullvon
9. Industry or business in which work wes dona, es SILK MILL,	
SAW MILL, BANK, etc.	
this seembarren (months die	
year)occupation	Other Coutributory Causes of Importance;
12. BIRTHPLACE (city or town)	
(Stete or country)	
14. BIRTHPLACE (city or town) Juditie Mid	
4 14. BIRTHPLACE (city or town) Suddettee Md	Name of operation
(otate of country)	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Pecilla June Seluce 16. BIRTHPLACE (city or town). Newfack, Wild.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Newfack - Mid	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Jecula Jone Aslence	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
(Addrass) survey all, Man.	
18. BURIAL, CREMATION, OR REMOVAL COME 9 30	Manner of injury
Placa Date 1 19	Nature of injury.
19. UNDERTAKER Milliam & Milliam	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Swart fell and	If so, specify
20, FILED 11/2 1936 REROY Swith	(Signed) - XULWOOD TOUR M.D.
Registrar.	(Address) Mor Aul M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
4 3 4 3 8 .				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICAT	E OF	DEATH
------------------------------	------	-------

11862

1. PLACE OF DEATH	179
Village or City Smow Kill	Registration Dist. No. 30 / Ward
Length of residence in city or town where death occurredyrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wongled Syndson	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Galored 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Feat)
A. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) June 10- 1936	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at J A-r.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	no socloz en allendance
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at time of death a local
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	ovelor had receilly altered
SAW MILL, BANK, etc.	him for acrete Hoston-Ecctorite
- Spant in this	and maluntrition Child
year) occupation	The Contributory Contra It importante seed deerly ared
12. BIRTHPLACE (city or town)	died Doctor brevously allend
(State or country) Marylance	ies sau he probable déled france
13. NAME Odward Hudson	Kastro Enteritis 9-2 mal-
14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country) Manyland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marke Holland	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Allerang Heidson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL REMOVAL Date 101 2/ 1936	Manner of injury
11/1	Nature ct injury
19. UNDERTAKER Plane to (Address)	24. Was disease or injury in any way related to occupation of deceased?
11/21 20 PER	(Signed) Eson Small Reg #35
20. FILED 11/ F1 , 1936 Valory Stiller, Registrar.	(Addrass) Sected Will, Sud!

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstibil nephritis re 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WEIGHT ST V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(RI)
County Warrester	Registration Dist. No. 3 5 2
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Idde My fru	
(a) Residence: No. / Oullia (Mad (Usual place by abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH NOT. 2 , 193 6 (Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of gadreh 14. Janes	22. I FEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	i lest sew h. La alive on Mr. 2 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et S Pm.
oy 7 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Burns body and 42d legger 17th
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	
O 10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Md (State or country)	Other Contributory Causes of Importance:
13. NAME /Kichard / Lastings	
13. NAME / Cuhasa / Lasting 2 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation None Oate of
15. MAIDEN NAME Cadiline Colliss	What test confirmed diegnosis?
15. MAIDEN NAME (adulum Codlic) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident Date of Injury Ot 18, 1936 Where did injury occur? Showells Md, her home
17. INFORMANT Harry Jenes (Address)	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sullin Md Dale M. 44, 1986	Menner of injury 29 + 3 d digree bown
19. UNOERTAKER f. M. Burtage (Addiess) Bulli md.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILEO Dor 4, 1936 & V Moun fords.	(Signed) — a Holland M. O. (Address) — Oerlin mid-
If more blanks are needed, dddress state Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at the older of the occupation was that of home housework, write housewife in answer to the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be completed an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis - 2	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A CONTRACTOR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

2

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11864
1. PLACE OF DEATH	942
County Marcistal LIMITS OF	Registration Dist. No. 35/
Village or City Anow Hill	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Malle a. Jones	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whate	21. DATE OF DEATH PLENSER 26 , 193 (Month) (Day) (Year)
5a. If married, widowed, or physical HUSBAND of (or) WIFE of Charles Lones	22. THEREBY CERTIES That attended deceased from
6. DATE OF BIRTH (month, day, end year) Christ of 1853	I last saw her alive on how 25, 1936; death is said
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated ebova, atA_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular 7	Augus Pertons
kind of work done, as SPINNER fausewife SAWYER, BOOKKEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occuration (month and separation this separation this	
10. Date deceased last works hat this occupation (month from 1935) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Mouleand	Other Consistency Causes of importance:
13, NAME 14. BIRTHPLACE (city or town) (State or country)	
(State of country)	What test confirmed diagnosis level Was there an autosy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city of town) (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT SUMMY STREET	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CRIMATION OR REMOVANT AT DATE DATE DATE DATE DATE DATE DATE	Manner of Injury
19. UNDERTAKER / flyanne & Dennyis	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED 11/28 , 19 3 6 RE Coe Swith. Registrar.	(Signed) Walsche M. D. (Addess) www. Hill me
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Cerebral benearchase	1921	Run over by street car	1 week ago
Cercorat nemorrhage	July 5,1927	Peritonitis	3 days ago
8UPF/11 V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

em of infor-	should state	OCCUPA-	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ENT RECOR	LY. PHY	d. Exact	
PERMANE	d EXACT	rly classifie	cate.
IS IS A	e state	e prope	f certifi
INK-TH	should b	t it may b	on back o
VFADING	olied. AGE	rms, so that	nstructions
WITH UN	efully supp	in plain te	ant. See in
PLAINLY,	ould be car	F DEATH	ery import
-WRITE	mation she	CAUSE O	TION is very important. See instructions on back of certificate.

(State or country)

18. BURIAL, CREMATION, OR BEMOVAL

17. INFORMANT ...
(Address)

19. UNDERTAKER (Address)

CTATE OF MADY AND	CERTIFICATE OF REATH
	-CERTIFICATE OF DEATH 11865
1. PLACE OF DEATH	48)
County Willester	Registration Dist. No. 342
Village or City Buslim Md	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
1/ + 1	- i' -
2. FULL NAME / Calle Lynch	If U. S. Veteran, specify WAR.
(a) Residence: No. / Julius Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward) Massied	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of Let Lynch 6. DATE OF BIRTH (month, day, and year) Lynch, 2, 1884 7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	22. I HEREBY CERTIFY, That I attended deceased from 1 5 , 19 1, to 2 , 19 2 , 19 3 . I last saw h alive on 2 , 19 3 ; death is said to have occurred on the data stated above, at 2 A m.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Carama of literus na
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and 1934) spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME Roharles VL. Holland 14. BIRTHPLACE (city or town) (State or country) Md,	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? My
15. MAIDEN NAME Mary Enni	23. If daath was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Addrass) Bellin me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did Injury occur? ____

Nature of injury_

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	- 11	Example II	
The principal cause of death of importance were as follow	and related causes	Date of oriset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	N WINEAU	July 5, 1927	Peritonitis	3 days ago
	The state of the s			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11866
1. PLACE OF DEATH	(10)
County Wascesters	Registration Dist. No. 350
Village or City Pocomolae Certy	No. No. TT Ly St., Ward
Length of residence in city or town where deeth occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Margaret Mc	1 - 1 /2
	St Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov 22
Selle Colores Marries	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helson Me Suctorsh	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lout Know	liast saw h alive on 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
thout 20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	g
SAWYER, BOOKKEEPER, etc.	e g
9. Industry or business in which work was done, as SILK MILL,	John menoma "/13/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
Mar. Co.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State of Gountry)	Cold 2011 Vist Teach 1011
	a sylen permany see 2013
13. NAME 14. BIRTHPLACE (city or town) 20 14. Significantly (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
IS. MAIOEN NAME (a g age Notion	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 1 9 GOE 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Accident, suicide, or homicide? Date of Injury, I9
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OF THE COLUMN (Address) Wellower we Mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place The Date Date 1956	Nature of Injury
19. UNDERTAKER DUICES (Address) He was a line of the land of the l	24. Was diseese or injury In any wey related to occupation of deceased?
20. FILED Nor 24, 1936 Mas Clayton Davis Registrar.	(Signed)
the state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

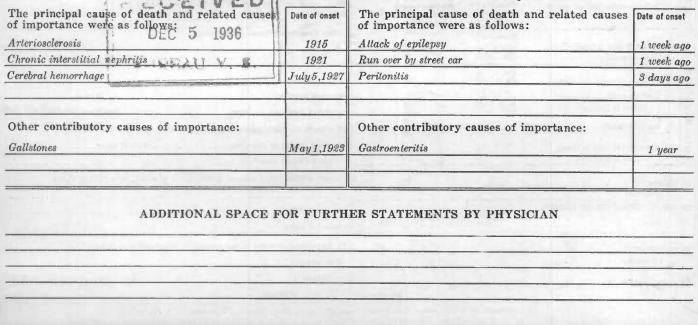
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street ear	1 week ago
July 5,1927	Perilonilis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
The state of the s	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	45(8)
County Worces les.	Registration Dist. No. 33/
Village or City Cedartown - near 7	
Length of rasidence In city or town where deeth occurred 56 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos,de,
2. FULL NAME Gordon & nock	J. Still
(a) Residence: No. Cedarlorum - Mean (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov /6 ,193 (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) Field, 11 1876	I last sew h Ause elive on New / (f , 1936; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heva occurred on the data statad abova, at 7
68 9 5 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:
8 Trade profession or particular	A
SAWYER, BOOKKEEPER, etc.	curer of sugue
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Deta deceased last worked et this occupetion (month and 10/11/35) spent In this year) occupetion 11. Totel tima (years) spent In this year)	
12. BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of Importance:
H	Nema of oparetion Data of
4 14. BIRTHPLACE (city or town) Maryland (State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Smack.	23, If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Maryland. (State or country)	Accident, suicide, or homicida?
17. INFORMANT Mrs. Sarah nocle.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PRODUCTION S. Centules, Date Not 1. 19, 19.3.6	Mannar of injury Natura of Injury
19. UNDERTAKER U. Burbock (Address) Burling and	24. Was disease or injury in any wey releted to occupation of dacaasad? If so, spacify
20, FILED 11/19 , 136 LECoy Swith.	(Signed) A M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balamore, Requesting U. S. No. 1.

Registrar.

(Address) - Trus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(22-,0)			
	Registration	n Dist. No.	355
NoNo			St., Ward
Nodeath occurred in a hospital or institu	tion, give its NAM	ME instead of stre	et and number)
ds. How long In U.S. if o	f foreign birth?	yrs.	ds.
If U. S. Veteran,	specify WAR		***
St., Ward.	,,		
		nt give city or to	
MEDICAL C	ERTIFICAT	E OF DEA	тн
21. DATE OF DEATH	Month)	9 D (Day)	, 193(Year)
22. I HEREBY	CERTII	FY, Thet I at	tended deceased from
nov. 16°	1936 10	nov	30 19 36
I last sew h 🕰 alive on	our.	78 ,1	9; death is seid
to heve occurred on the dete stete			
The PRINCIPAL CAUSE OF DEAT were es follows:	fH and related ca	uses of importence	Date of onset
1			
Cerebral	Ham	withay	e knis
176-1			
wye			
V			
Dther Contributory Causes of impo	ortence:		
,			
Neme of operation 22	one	Da	te of
Whet test confirmed diagnosis?	non	Q Was the	ere en eutopsy?
23. If death wes due to externel ceu	uses (VIDLENCE)	fill in also the fo	ollowing:
Accident, suicide, or homicide?			
Where did Injury occur?			
Specify whether injury occurred in	(Specify city n INDUSTRY, in I	or town, county a IDME, or In PUB	and State) LIC PLACE.
Manner of injury			
Neture of Injury			
24. Wes disease or injury In eny w	yay releted to occu	upation of decees	ed? no
If so, specify		7	***************************************
(Signed)	Noce	en	M D

(Address) - Berlen --

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN U	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Large			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

3



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

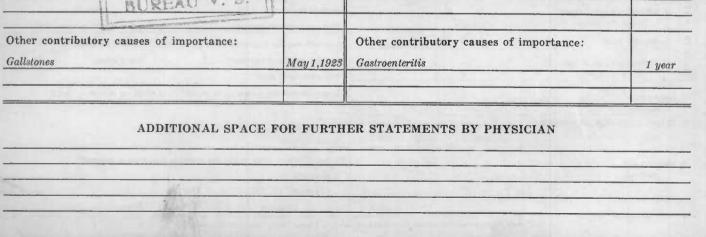
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial pephritis FC 2 1930	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
NUREAU V. S.					
to an administrative to the state of the sta					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11870
1. PLACE OF DEATH	53.8
County Wordsler	Registration Dist. No. 35/
Village or City Studletree	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Dey) 193 (Pear) 22. I HEREBY CERTIFY, That leatended deceased from
6. DATE OF BIRTH (month, day, end year) Sub. 16 - 1864 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, GLOCHY Store. SAWYER, BOOKKEPPER, etc	I last saw here alive on November 5 , 1936; death is said to have occurred on the date stated above, et A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one of Bladder Date of one of the common of Date of one of Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worken at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Manufacture 13. Total time (years) spent in this occupation (State or country)	Other Coutributary Causes of importance:
13. NAME Samuel W. Cayne 14. BIRTHPLACE (city or town) (State or country) (State or country)	Neme of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address), Amount Holling (Address), Amount H	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Wilderfells Date Nov. 9 , 19 36	Manner of Injury
19. UNDERTAKER Alatne Alemnigo	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 11/9, 1936 Refistrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
If more blank#are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
** ******* A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



S. No.

,	Registration Dist. No.
11	MD. St., Ward death occurred in a horpital or institution, give its NAME, instead of street and number)
is.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
	St, Ward.
-	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	21. DATE OF DEATH
2	(Month) (Day) (Year)
9	22. i HEREBY CERTIFY. That I attended dacaasad from 19 to Wow 6 19 2 6
	I last saw h; death is sald
	to have occurred on the dete stated above, at \(\sum_{P} = \text{P}_{p} \), m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	ware as follows:
)	under left jaco
	and form
-	Other Contributory Causes of importance:
-	Lubereulases 1932
	Name of operation Date of
	What test confirmed diagnosis?
	23. If daath was due to externel causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Assistable Dete of injury how 6, 19. 3. 6
	Whare did injury occur? (Specify city or town, county and State)
-	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
_	Menner of Injury
P.	Natura of injury
	24. Was disaase or Injury in any way related to occupation of deceesed?
	If so, specify
	(Signed) M. D. C.
	(Address) Lessing to City Tue

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage FFR 11 1007	July 5,1927	Peritonitis	3 days ago
BIREAT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS 1	\mathbf{BY}	PHYSICIAN
--------------------------------	--------------	---------------	-----------



V. S. No. 1 N. B.—

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	511
1	. PLACE OF DEATH	23)	
	County Varce slep WITHI	N CORPORATE LIMITS DP Registration Dist. No. 350)
	Village or City Pococce to the Coly	NoSt., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	Length of residence in city or town where deeth occurred		
2	FULL NAME Journal & language	If U. S. Veteran, specify WAR	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Sto	ate
reted	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
76	S. SINGLE, MARRIED, WIDOWED, OR/DIVORCED (write the word)	21. DATE OF DEATH 28 - 1	93 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. LHEREBY CERTIFY, That I attended dec	ceased from
6. 1	DATE OF BIRTH (month, day, and yaer) May 15-1865	I last saw h_ead_ alive on	death is seld
7. /	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \(\int_{\cup} \cup \mathcal{Q} \cup \mathcal	Date of onset
NOI	8. Trada, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tubereulan & Lung	Sugar
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		Yhea
000	10. Date deceased last worked at this occupation (month and 1935) 11. Total tima (years) spent in this occupation		
12.	BIRTHPLACE (city or town) Concolsa Carry (State or equintry)	Other Contributory Causes of importance:	
ER	13. NAME Elijoh Holden		
FATHER	14. BIRTHPLACE (city or town) (Stata or country) Maryland	Name of operation	onsy?
ER	15. MAIDEN NAME emando Boston	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury	, 19
	(State or country) INFORMANT AND COLUMN (Addrass) (Addrass)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL, CREMATION, OF REMOVAL Place Date Date 1-, 1934	Manner of Injury	, , , , , , , , , , , , , , , , , , , ,
19.	UNOERTAKER GRUON STEWERSON. (Addrass) Francisco La La Maria	24. Was disease or Injury in any way related to occupation of deceasad?	
20.	FILED NOV. 30, 1936 ann E. White Registrar.	(Signed) Allarkar (Address) Desance le Cl	Zuo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEAT Y.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
--	-----------



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

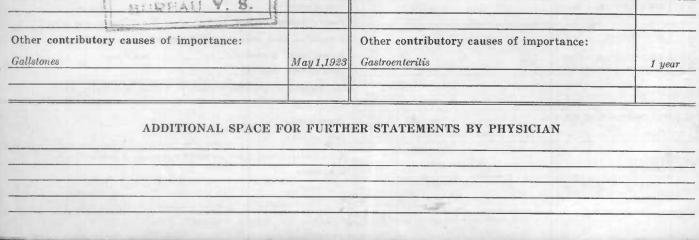
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	. [Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 2 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



110N is very important. See instructions on back of certificate.

STATE OF MARTEAND	CLIVIII ICAIL OF DEATH
1. PLACE OF DEATH	(46.0)
County Worrester	Registration Dist. No. 352
Village or City / Bushin And	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Peter E. Warren	1f U. S. Veteran, specify WAR
(a) Residence: No. / Buslin and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Washed Washed	21. DATE OF DEATH 7200 25 196 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (Day) (Teal)
(or) WIFE of arka Warren	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 23, 1871	I lest saw harmalive on 32, 1936; death is seid
7. AGE Yaers Months Days If LESS than	to hava occurrad on the data stated above, 29.4m.
65 6 min 2 1 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Carunona S/
SAWYER, BOOKKEEPER, etc.	allamarek () for 136
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupetion (month end yeer) 11. Total tima (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) md.	Other Contributory Causes of Importance:
(State or country)	
13. NAME albert Marrew 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation Deta of
(Steta of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nay Playne 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also tha following:
	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Md.	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Meso, fleler 6, 20 arrely (Address) Bealin and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca / desters Md Date / od 27, 1906	Neture of injury
19. UNDERTAKER J. W. Bustye	24. Was disaase or injury In any way ralated to occupation of deceased?
(Addrass) / Bullin and	If so, spacify
20. FILED 1427, 1936 98 Munford	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	-------------------	----	-----------



5. Every item of infor-

V. S. No. 1 N. B. See instructions on back of certificate.

TION is very important.

20. FILED.

STATE	OF	MARY	LAND-	-CERTI	FICATE	OF	DEATH
EATH					@2		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County // avcester LIMIT	Registration Dist. No. 35/
Village or City ITHIN Smout Will	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
Collast of Du to	2/1
2. FULL NAME CLEBEN D. Walson	If U. S. Veteran, specify WAR Z.C.
(a) Residence: No. (Usual place of abode)	St., Ward. [If nonresident give city or town and State]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLORJOR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (wprothe word)	21. DATE OF DEATH Mumbel 30 ,193 (Par)
6a. If married, widowed, of divorced HUSBAND of	22: LHEREBY CERTIFY That I attended deceased from
(or) WIFE of Julia a. Walson	Nov. 6 36 10 Nov. 30 1936
6. DATE OF BIRTH (mynth, day, and year less 12 - 1855	I last saw h am alive on NOV 30, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5
8/ 9 /8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Cerebrol Demontage 11/6/36
SAWYER, BOOKKEEPER, etc.	celes for ofernovinge "10/36
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceasad last worked at this occupation (month and 1905 spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Courses of Importance:
(State or country) Algemby warma	alterischens ?
II 13. NAME John (Watson	Chr my carditis ?
13. NAME John Walton 14. BIRTHPLACE (city or town) John Thou	Name of operation Date of What test confirmed diagnosis? Charles Was there an autopsy
15. MAIDEN NAME Don't Know	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Julia (i. Mallow) (Address) Show Hell Mills	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OK REPOVAL PHOTOS Com provintil Monteller, 3, 1936	Manner of injury
19. UNDERTAKER Jeanne James (Address)	24. Was disease or injury is any way related to occupation of deceased?
(manage) Amount Name III	If so, spacify

If more blanks arf needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage . JAN 5.	July 5, 1927	Peritonitis	3 days ago
MuseAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN



V. S. No. 1

m ż state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	OERTH TORTE OF BERTH	1010
County Honcester	Parintestian Dist. No. R	25
Die I DAY	Registration Dist. No. 133	2.2
Village or City 12 Level md 16. Two.	death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurredyrsf_mos.		
2. FULL NAME Connie C Wheel	If U. S. Veteran, specify WAR	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH PURE DE	6
Simale White Hidow	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Horovey C Whuler	22. I HEREBY CERTIFY, That i attended do	eceased from
6. DATE OF BIRTH (month, day, and year) July 18, 1863	1 last saw her ative on Ins 24 19 76	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at SPm.	
73 4 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular		Oate of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Strongoloted Harnia	nu 23
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation of months and separation the		
The construction and the state of the state		
year) occupation	Other Coutributery Causes of importance:	
12. BIRTHPLACE (city or town) Ballemony		
(State or country)		
13. NAME Frederick Ducher		
13. NAME Included Sucher 14. BIRTHPLACE (city or town)	Name of operation	
(State of Country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Unknown (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) UNUNOUUM	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Algebrain Mark F. S.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR JEMOVAL	Manner of injury	
Place I halige riche Mil 100, d. 1903 6	Nature of injury	
19. UNDERTAKER M. Jasha Wation (Address)	24. Was disease or injury in any way related to occupation of deceased?	20

(Address) _____

THE PARTY Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows: Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN